DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BELL THERAPY INC/BELWOOD (0010783)

Address: 5151 W SILVER SPRING DR, MILWAUKEE, WI 53218

License Status: REGULAR

Licensed/Certified/Registered 04/01/2006

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096774 End Date: 03/17/2006 Type: STANDARD Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Survey ID: 0095583 End Date: 09/22/2005 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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